

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049409

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12907

STATE FILE NUMBER

FILED JAN 6 1964

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

St. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

c. CITY  
OR  
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Incarnate Word Hosp.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

2244 S. Jefferson

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

First

Middle

Last

Angelo

Favata

4. DATE  
OF  
DEATH

Month

Day

Year

Dec.

27

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

Never Married ☐

Widowed ☐

Divorced ☐

## 8. DATE OF BIRTH

4/16/93

## 9. AGE (last birthday)

70

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Merchant

## 10b. KIND OF BUSINESS OR INDUSTRY

Tavern Operator

## 11. BIRTHPLACE (City and state or country)

Sicily

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Joseph Favata

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Josephine Favata

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W.W.# 1

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

9 Josephine Favata 2244 S. Jefferson

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Carcinomatosis

## INTERVAL BETWEEN ONSET AND DEATH

6 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

primary carcinoma of rt lung

#### DUE TO (c)

1624

6 months

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

LARGE NODULAR LIVER

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from FEB 58 to 12-26-63 and last saw him alive on 12-26-63

Death occurred at Incarnate Word Hosp. 4:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Maximilian Weitzman, M.D.

## 22b. ADDRESS

3530 ARSENAL, St. Louis

## 22c. DATE SIGNED

12-27-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

Dec 30 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis

Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Thomas Kutz 2906 Grand

## 25. DATE RECD. BY LOCAL REG.

DEC 27 1963

## 26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

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Mr. Wickman  
3530 Greenleaf  
PE 3-1210

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed LG Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Travis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.